

medicaid program. In addition, HSD is to establish and maintain a centralized tracking system on accredited training programs and training received by personal care attendants.

The \$150 thousand from the Medicaid program cash balance is to provide training to personal care attendants who serve Medicaid clients in rural and medically underserved areas of the state.

HSD reports that current rule mandates that PCO providers, under the delegated model, ensure all PCAs receive 12 hours of documented training annually. Revision of existing regulations will be required to read that HSD provides accredited training to PCAs for services in rural and medically underserved areas of the state and will document the trainings. In addition, the regulation would need extension to the consumer directed model where the client chooses the attendant "directly." Current regulations do not cover such relationships.

FISCAL IMPLICATIONS

The appropriation of \$100 thousand contained in this bill is a recurring expense to the general fund. Any unexpended or unencumbered balance from the general fund remaining at the end of Fiscal Year 2005 shall revert to the general fund.

The appropriation of \$150 thousand from the Medicaid program cash balance is a recurring expense to that program. Any unexpended or unencumbered balance from the general fund remaining at the end of Fiscal Year 2005 shall not revert to the general fund.

.ADMINISTRATIVE IMPLICATIONS

HSD reports the department would need to revise regulations, develop and maintain a centralized database, and provide accredited training to all identified PCAs. HSD would also need to hire a full time FTE for the additional required duties or contract with a qualified entity to oversee the duties.

TECHNICAL ISSUES

Cash balance does not exist in the Medicaid program. Typically, the program runs at a deficit and has frequently required a supplemental or deficiency appropriation. The funds in the program are reverting and in the event of a surplus must be returned to the general fund.

Consideration should be given to a concise definition of "rural and medically underserved areas of the state". Also, does the area only need to be rural or medically underserved or are both conditions required for the section to apply?

POSSIBLE QUESTIONS

It is uncertain what problem this accredited training will address. When identified, the program should have specific performance measures pointing to the resolution of the current shortcoming.

MW/lg